



CAD: 09-18381

TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE

To the Local Permit Agent:

Date: 10/9/09

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Stephanie SantosADDRESS: 119 A Brittany Manor DR
Amherst, ma. 01002TELEPHONE: (413) 230-3404

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: _____

Green taxi, Green transportation, INC.DATE OF BIRTH: 10/6/91 SOCIAL SECURITY #: _____HEIGHT: 5'1 WEIGHT: 135 HAIR: Blonde EYES: Blue

DRIVER'S LICENSE #: _____

DATE OF EXPIRATION: 10/6/2012

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: Stephanie SantosAPPROVED/NOT APPROVED: Scott P. [Signature] Date: 10/14/2009
Chief of Police

Date Approved/Denied: _____ License # _____

Remarks: _____

Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002